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35

38400.0171.9

To:	Company:	Fax:	Phone:
Examiner Philip H. Leung	United States Patent & Trademark Office	703/872.9306	

Please see the following Amendment and Response to Office Action mailed June 1, 2005 in
reference to the following application:

In re application of:)	Conf. No.:
)	
WNEK et al.)	Examiner: Philip H. Leung
)	
Serial No: 10/501,003)	Art Unit: 3742
)	
Filed: March 7, 2005)	Attorney Docket No: R029 1726US/1
)	
For: INSULATING MICROWAVE INTERACTIVE PACKAGING)	

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PTO/SB/21 (09-04)


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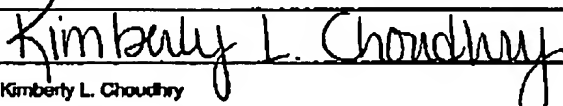
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TRANSMITTAL FORM	Application Number	10/501,003	
	Filing Date	March 7, 2005	
	First Named Inventor	Wnek, Patrick H.	
	Art Unit	3742	
	Examiner Name	Leung, Philip H.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	R029 1726USM
Total Number of Pages in This Submission		34	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Authorization to Charge Deposit Account \$180.00
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Firm Name	Womble Carlyle Sandridge & Rice PLLC		
Signature			
Printed name	Dana E. Stano		
Date	August 26, 2005	Reg. No.	50,750

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Signature			
Typed or printed name	Kimberly L. Choudhry	Date	August 26, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number 10/501,003
Filing Date March 7, 2005
First Named Inventor WNEK, Patrick H.
Examiner Name Leung, Philip H.
Art Unit 3742
Attorney Docket No. R029 1728US/1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number 09-0528 Deposit Account Name Womble Carlyle Sandridge
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
0 - 20 or HP = 0 x 0 = 0		
HP = Highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
0 - 3 or HP = 0 x 0 = 0		
HP = Highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

0 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS fee

Fees Paid (\$)

180.00

SUBMITTED BY

Signature Dana E. Stano Registration No. (Attorney/Agent) 50,750 Telephone 404/879,2437
Name (Print/Type) Dana E. Stano Date August 26, 2005

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